



Research Article

Management of Kashtartava through Nagaradi Kashaya: A Case Study

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Abstract

Kashtartava (Primary Dysmenorrhea) is a common gynaecological disorder characterised by painful menstruation without any pelvic pathology. In Ayurveda, it is mainly caused by aggravated Apana Vayu leading to painful and obstructed menstrual flow. Conventional treatments such as analgesics and hormonal therapy often provide temporary relief and may produce adverse effects on long-term use. Hence, there is a need for safe and holistic Ayurvedic management.

The classical formulation mentioned in the verse "तस्य नागरपिप्पिल्यौ मुस्ताधन्वयवासकम्। बृहत्यौ काटला चैव क्वाथः सगुडको दधि ॥" (Ha.sa.chi-48/15,16) contains drugs like Nagara, Pippali, Musta, Dhanvayasa, Brihati, Kantakari and Patala, which possess Deepana, Pachana, Vata-Kaphahara, Shoolahara, Vedanasthapana, and Srotoshodhaka properties. These ingredients help correct Agnimandya, pacify aggravated Vata, improve circulation, and relieve menstrual pain. Their anti-inflammatory, analgesic, antispasmodic, and uterine regulatory actions further support their effectiveness in Primary Dysmenorrhea.

Administered in the Kwatha form with Guda and Dadhi, the formulation may enhance therapeutic efficacy and bioavailability. Thus, this classical Ayurvedic formulation offers a promising and holistic approach in the management of Kashtartava by addressing the root pathology rather than merely suppressing symptoms.

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INTRODUCTION

Dysmenorrhea is one of the most common gynaecological disorders affecting adolescent and reproductive-aged women. It significantly interferes with daily activities and negatively impacts the physical, psychological, and social well-being of women and their families. A cross-sectional study conducted among Indian female students by Shabnam Omidvar, Fatemeh Bakouei, and Khyrunnisa Begum reported that the prevalence of primary dysmenorrhea was 70.2%. The study further observed that the majority of participants experienced pain for 1–2 days during menstruation, while 23.2% suffered from pain lasting for 2–3 days.

In Ayurveda, dysmenorrhea can be correlated with Kashtartava. The term Kashtartava is derived from two words: Kashta and Artava. Kashta denotes painful, difficult, or troublesome conditions, whereas Artava refers to menstrual blood or menstrual flow. Thus, Kashtartava can be defined as painful menstruation (Sashoola Artava Pravritti).

Ayurvedic classics do not describe Kashtartava as an independent disease entity; rather, it is considered a symptom associated with various gynecological disorders. The comparatively lower prevalence of such conditions in ancient times has been attributed to the proper observance of Ritucharya and Rajaswalacharya.

Kashtartava is commonly observed as a clinical manifestation in several disorders, including:

- Artava Vyapad – particularly Vataja Artava Dushti

Yoni Vyapad such as:

- Vatala Yonivyapad
- Udavarta Yonivyapad
- Antarmukhi Yonivyapad
- Suchimukhi Yonivyapad
- Paripluta Yonivyapad
- Mahayoni Yonivyapad
- Vipluta Yonivyapad

Dysmenorrhea refers to cyclical pain associated with menstruation that is severe enough to interfere with routine daily activities and quality of life. It is broadly classified into two types: primary dysmenorrhea and secondary dysmenorrhea. Primary dysmenorrhea commonly begins shortly before or immediately after the onset of menstruation and usually persists for 48–72 hours. It is typically associated with ovulatory menstrual cycles in the absence of any identifiable pelvic pathology.

The pathophysiology of primary dysmenorrhea is mainly attributed to increased prostaglandin production in the secretory endometrium, which induces excessive myometrial contractions. These contractions result in reduced uterine blood flow, leading to endometrial ischemia and pain. The pain is usually spasmodic in nature and localized to the lower abdomen, but it may radiate to the lower back and medial aspect of the thighs.

In addition to pelvic pain, several systemic symptoms such as nausea, vomiting, diarrhea, fatigue, headache, and occasionally fainting may also accompany dysmenorrhea. These symptoms

considerably affect the physical and emotional well-being of women.

AIMS AND OBJECTIVES

1. To see the effect of "NAGARADI KASHAYA" in reducing pain during menses.
2. To provide cost effective & non hormonal treatment for Kashtartava (Primary Dysmenorrhoea).
3. To review the Ayurvedic and Modern literature of Kashtartava w.s.r. to Primary Dysmenorrhoea.
4. To compare the efficacies of the two selected drugs in relieving symptoms.
5. To study any complication's related to the drug and therapy.

CASE REPORT

An 18-year-old unmarried female student from a middle socioeconomic background attended the OPD of the Department of Prasuti Tantra and Stri Roga, Government Ayurvedic PG College and Hospital, Varanasi, with complaints of lower abdominal pain during menstruation associated with scanty menstrual bleeding (1–2 pads/day) since menarche.

She attained menarche at 13 years of age and had regular menstrual cycles with severe cramp-like pain during the first two days of menstruation, which became mild on the third day. Associated complaints included occasional fatigue, headache, breast tenderness, anorexia, and constipation.

The patient had taken modern medicine with minimal relief. As the pain was affecting her daily activities, she visited the hospital for better management and long-term relief.

There was no significant family history of similar complaints.

Menstrual History

- Menarche attained at 13 years of age
- Last Menstrual Period (LMP): 03/06/2025
- Menstrual cycle was regular with an interval of 28–30 days and duration of 3–4 days, associated with scanty flow
- Menstrual blood loss was approximately 1–2 pads per day, which were not completely soaked
- Menstrual blood was pinkish-red in colour with thin/watery consistency
- Dysmenorrhea was present in the form of cramp-like pain involving the lower abdomen and lower back

Criteria for Assessment

Clinical result will be assessed on the basis of relief in major & associated sign & symptoms of disease.

For menstrual pain assessment some subjective and objective parameters are taken:

Parameters: Pain intensity, Work ability, Days of pain, Pain location

The intensity of menstrual pain will be measured in VAS (Visual Analogue Scale) grading and scoring system (a self-modified subjective criterion):

- 0 = No pain (daily activity is unaffected)
- 1–3 = Mild pain (daily activity is unaffected, no analgesic required)

- 4–7 = Moderate pain (daily activity is affected, analgesic is needed)
- 8–10 = Severe pain (unable to do even the routine work, has to take analgesics but without much relief)

Laboratory Investigations

Routine haematological and urinary examinations were carried out to rule out any systemic pathology.

- Blood Group: 'B' Positive
- Hb: 11 gm/dl
- RBS: 80 mg
- LFT: Within Normal Limit
- Thyroid Profile: Within Normal Limit
- Urine (R&M): Within Normal Limit
- USG of whole Abdomen and Pelvis:
- Uterus – Normal in size; No focal mass seen
- Cervix – Normal
- B/L Ovaries – Normal

Treatment

Patient was given "NAGARADI KASHAYA" 40 ml with anupan of dadhi (curd) and gud (jaggery) for 5–7 days (during menstruation). After that with anupaan of dugdha (milk) for 24–25 days.

Advices

In both groups, patients were advised some lifestyle modifications like:

- Yogasana which regulates Apana Vayu and also relieves backache like USHTRASANA, BHUJANGASANA, GOMUKHASANA & VAJRASANA. Minimum thrice in a week.
- Sound sleep for 6–8 hrs.
- Dietary changes (eat fresh, warm, & healthy food).
- Avoid caffeine, alcohol, smoking, etc.

Treatment Cycle Details

Cycle	LMP	Menstrual History	Dysmenorrhea	Oral Medication
1st Cycle	03/06/2025	Duration: 3–4 days Amount: 1–2 pads/day	Severe pain	Patients, was given drug "NAGARADI KASHAYA" 40 ml with anupan of dadhi (curd) and gud (jaggery) for 5–7 days (during menstruation). After that with anupaan of dugdha (milk) for 24–25 days. 03/06/2025
2nd Cycle	05/07/2025	Duration: 3–4 days Amount: 2 pads/day	Mild relief in pain	Same medication given up to the next cycle 05/07/2025
3rd Cycle	06/08/2025	Duration: 3–4 days Amount: First 2 days – 3 pads/day, thereafter 2 pads/day	Mild pain (No need to take analgesics; patient could perform routine work easily)	Same medication started up to the next cycle

Drugs of Nagaradi Kashaya

Drug Name	RASA	GUNA	VEERYA	VIPAKA	Effect & Property
1. Nagar (Shunthi)	Katu	Guru Tikshna	Ushna	Madhura	Shothahar Tridoshaghna
2. Pippali Fruit	Katu	Snigdha Laghu	Ushna	Madhura	Vata, Kapha har, Vrishya Rasayan
3. Pippali Root	Katu	Tikshna Laghu	Anushna	Katu	Vata, Kapha har, Vrishya Rasayan
4. Musta	Tikta kashaya	Laghu	Ushna	Katu	Garbhashay sankochak Rakta prasadana
5. Dhanvyawas	Madhur Tikta	Snigdha	Ushna	Madhura	Rakta Prasadana dah prashman
6. Brahati	Katu Tikta	Laghu	Ushna	Katu	Vata kaphahar
7. Kantakari	Tikta kashaya	Tikshna Laghu	Ushna	Katu	Vatakphahar, deepan, pachan
8. Patala	Tikta kashaya	Laghu ruksha	Anushna	Katu	Tridoshar

Probable Mode of Action of Nagaradi Kashaya in the Treatment of Kashtartava

Kashtartava is predominantly a Vataja Vyadhi, especially due to the vitiation of Apana Vata, leading to painful menstruation. The selected drugs collectively act by pacifying Vata, relieving pain, reducing inflammation, improving circulation, and normalizing the function of the reproductive system.

Pharmacological Action

Most of the drugs possess Katu, Tikta and Kashaya Rasa, which help in Deepana, Pachana, and Srotoshodhana.

The predominance of Ushna Veerya helps in:

- Pacifying aggravated Vata and Kapha
- Relieving uterine spasm
- Improving pelvic circulation
- Reducing pain and stiffness

Drugs having Laghu, Tikshna and Snigdha Guna act by:

- Facilitating proper movement of Apana Vata
- Removing obstruction in Artavavaha Srotas
- Relieving spasmodic pain

Probable Mode of Action in Dysmenorrhea

1. Vata Shamaka Action

Drugs like Shunthi, Pippali, Bruhati and Kantakari alleviate aggravated Vata, especially Apana Vata, which is the chief factor responsible for pain in Kashtartava.

2. Shoolahara (Analgesic) Action

Ushna Veerya and Tikshna Guna help in reducing uterine colic and spasmodic pain during menstruation.

3. Shothahara (Anti-inflammatory) Action

Shunthi and Musta possess anti-inflammatory properties that reduce pelvic congestion and inflammation responsible for pain.

4. Deepana–Pachana Karma

By improving Agni and digesting Ama, the drugs prevent Srotorodha (obstruction in channels), thereby ensuring proper menstrual flow.

5. Artava Janana and Artava Pravartana

The Ushna and Vata-Kapha hara properties help in regulating menstrual flow and facilitating unobstructed Artava Nishkramana.

6. Garbhashaya Balya and Rasayana Effect

Pippali and Dhanvyawas provide nourishment and improve the functional strength of the reproductive system.

7. Rakta Prasadana Action

Musta and Dhanvyawas purify and improve the quality of Rakta Dhatu, helping in healthy menstruation and reduction of discomfort.

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DISCUSSION

The drugs of Nagaradi Kashaya possess predominantly Katu, Tikta, Kashaya Rasa, Laghu-Tikshna Guna, and Ushna Veerya, which help in Vata-Kapha Shamana, Deepana and Pachana, Srotoshodhana, and Shoolahara and Shothahara actions.

Shunthi, Pippali, Musta, Brihati, Kantakari, Dhanvayasa, and Patala collectively help reduce uterine spasm, improve menstrual flow, relieve inflammation, and normalize Apana Vata. Modern pharmacological actions such as analgesic, anti-inflammatory, and antispasmodic effects may also contribute to pain relief.

Clinical improvement was observed in pain intensity, menstrual flow, and daily activity without adverse effects, indicating the effectiveness of Nagaradi Kashaya in Kashtartava.

CONCLUSION

Nagaradi Kashaya showed beneficial effects in the management of Kashtartava (Primary Dysmenorrhea). The formulation acts through Vata-Kapha Shamana, Deepana-Pachana, Shoolahara, and Srotoshodhaka properties.

The treatment helped reduce menstrual pain, improve menstrual flow, and enhance the patient's quality of life without dependence on analgesics or hormonal therapy. From the modern perspective, the formulation may reduce prostaglandin-induced uterine contractions and inflammation.

Thus, Nagaradi Kashaya can be considered a safe, economical, non-hormonal, and effective Ayurvedic approach for the management of Primary Dysmenorrhea.

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